

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Miriam Paloma

20 CV 637
No.

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

New York City Department of

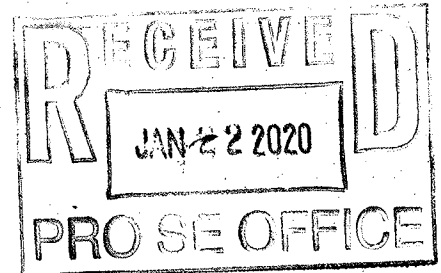
Corrections.

Captain Daniels.

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Miriam</u>	<u>T.</u>	<u>Paloma</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

110204294

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rose M. Singer Center

Current Place of Detention

19-19 Hazen Street

Institutional Address

<u>Bronx East Elmhurst</u>	<u>New York</u>	<u>11370</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Daniels	Shield #
1773		
Captain		
Current Job Title (or other identifying information)		
19-19 Hazen Street		
Current Work Address		
Bronx East Elmhurst New York		
County, City	State	Zip Code
		11370

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Housing Area(s)

Date(s) of occurrence: Ongoing from Oct '19 - Jan '20

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I grieved the conditions of a civil breach in the housing area(s) of RUSC, specifically 4 South B. conditions include weird smell from ceiling vents (civilian fecal matter, dirty diaper smell, vomit, industry signals, burned/burning rubber, male body odor). This is an ongoing problem. Per the grievance, Captain Daniels conducts an unconstitutional search (taking personal property that's not in excess or against the rules in the Inmate handbook). It was unconstitutional because I was searched while using the bathroom and then the procedure did not include the Boss chair. I was called. Not once was personal property secured from corrections under Captain Daniels orders. The first day of 2020, property went missing (commissary and clothing) and the Captains did not honor the correct housing assignment. I was rehoused several times grieving the same issue.

Copies of grievance(s) and grieved item list attached

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

- Bruise on left hand from cuffs
- Minor hair loss due to stress from industry signal (behind left ear)

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

- Commissary and personal property reimbursed (up to \$200 worth of commissary and clothing missing / not secured by C.O.)
- legal compensation for injuries and emotional distress from harassment during searches / rehousing procedures.

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**Form.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name: <u>Miriam T. Paloma</u>		Book & Case #: <u>2411901673</u>		NYSID #: <u>11020429H</u>
Facility: <u>Rose M. Singer Center</u>	Housing Area: <u>4 South B</u>	Date of Incident: <u>10/22/2019</u>	Date Submitted: <u>10/22/2019</u>	

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

- Civil Breach in dorm area(s) - perimeter bathroom/shower areas
- Correctional response to breach instead of custody of law
- Wierd smell from vents (civilian fecal matter, dirty diaper smell, vomit, industry signal, burning rubber, male body odor)
- Minor hair loss behind ear

Action Requested by Inmate: legal action taken against responsible party(s) that host breach in custody of the law.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Inmate's Signature: Miriam T. PalomaDate of Signature: 10/22/2019**FOR DOC OFFICE USE ONLY**

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

INMATE STATEMENT FORM

 Form: 7101R-A
 Eff.: 9/14/16
 Ref.: Dir. 3376R-A


Inmate's Name: <u>Miriam Reeloms</u>	Book & Case #: <u>2411901673</u>	NYSID #: <u>11020429.H</u>
Facility: <u>Rose M. Singer Facility</u>	Housing Area: <u>2 South A; B9</u>	Date of Incident: <u>01/01/2020</u>
		Date Submitted:

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: Commissary & Personal Property stolen / not secured during intake / rehousing; 1 bag missing when I was rehoused from 2 South A to Building 9. 3 bags were packed when I was escorted from 2 South A. I had an altercation with an inmate. Captain Folks did not secure my property with the steady C.O.

Action Requested by Inmate: commissary & personal property returned, compensation for commissary lost and personal property replaced / reimbursed.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature:	Date of Signature:
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FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Personal Property Grieved 01/01/2020

Commissary

- 6 boxes of tea
- 2 bags oatmeal cookies
- 6 noodle soups
- 3 shampoos
- 3 conditioners
- 2 lotions
- hair creme
- 2 deodorants
- 2 bottles of Nair
- 2 boxes hot chocolate
- 4 bags of coffee
- 1 box Wylers
- 3 beef sticks

Personal Items

- 6 pairs of socks
- 10 white t-shirts
- 1 grey robe
- 3 pair of thermals
- 12 pair of panties 6 grey/6 white
- 10 bras
- 2 grey pants (sweatpants)

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.


I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

01/14/2020
 Dated


 Plaintiff's Signature

Miriam T. Paloma
 First Name Middle Initial Last Name

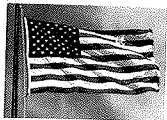
19-19 Hazen Street
 Prison Address

Bronx East Elmhurst New York 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 01/14/2020



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION
ROSE M. SINGER CENTER
19-19 HAZEN STREET
EAST ELMHURST, N.Y. 11370



FOREVER / USA



FOREVER / USA

United States District Court
Southern District of NY
500 Pearl Street
New York, NY 10007-1312

RECEIVED
JAN 21 2020

Pro Se Intake

KH

RECEIVED
JAN 22 2020
PRO SE OFFICE

10007-1312-0014

